Bupa Morphettville

Performance Report

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**Commission ID:** 6915

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Assessment Contact - Site date:** 19 July 2022

**Date of Performance Report:** 25 August 2022

# Performance report prepared by

Rebecca Beaman, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the Approved Provider’s response to the Assessment Contact - Site report received 08 August 2022.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at the Assessment Contact conducted on 19 July 2022.

Requirement (3)(b) was found Non-compliant following a Site Audit conducted on 7 to 9 December 2021. It was found the service was unable to demonstrate effective management of high impact or high prevalence risks in relation to the use of psychotropic medication and diabetes management.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view from the Assessment Team and have found Requirement (3)(b) in Standard 3 Personal care and clinical care to be Compliant. I have provided reasons for my findings in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This Requirement was found Non-Compliant following an Assessment Contact conducted on 7 to 9 December 2021 where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of one consumer, specifically in relation to clinical risks associated with nutrition and hydration, infection identification and management, wound/pressure injury management and pain management.

The Assessment Team found the service had implemented several improvements to address the deficiencies identified at the Assessment Contact in February 2021, including (but not limited to):

* Commencement of behaviour huddles to discuss observed consumer behaviours.
* Reviews of responsive behaviour support plans.
* Staff education on restrictive practices, behaviour charting and incident reporting.
* Introduction of door signs for each consumer in the memory support wing to personalise rooms.

While these actions had been implemented, the Assessment Team found at the Assessment Contact visit 19 July 2022 that the service was unable to demonstrate it effectively manages high impact or high prevalence risks associated with consumer care in relation to the administration of psychotropic medication or the management of diabetes. The Assessment Team provided the following information and evidence to support my finding:

* In relation to administration of psychotropic medication:
	+ Consumer A was prescribed as required psychotropic medication with consent from the consumer representative and the Medical Officer to manage behaviours, including being unsettled, calling for help consistently and being anxious.
	+ On two occasions during June 2022, Consumer A was administered psychotropic medication in an as required dosage to manage behaviours of calling out, not sleeping and unsettled at night. Non-pharmacological interventions were not recorded post each administration, however, good effect of the medication was noted.
* In relation to diabetes management:
	+ Consumer B’s diabetes management plan was not consistently followed by staff, including blood glucose levels (BGLs) not consistently checked as directed, not recording BGLs consistently as directed by the diabetes management plan, and where readings were outside parameters, staff did not do the required post checks as directed.
	+ Consumer B had a hypoglycaemic incident where staff did not follow the directives to monitor blood glucose levels every 15 minutes post adverse reading.

The Approved Provider submitted a response to the Assessment Team’s report and acknowledged some of the gaps identified in the Assessment Team’s report. The Approved Provider submitted the following information and evidence relevant to my finding:

* In relation to Consumer A, the service acknowledged on the two occasions highlighted consent was not provided for the administration of medications. The Approved Provider confirmed consent has now been provided and documented.
	+ The Approved Provider reviewed all consumers considered to have a chemical restraint and confirmed all consents are in place.
	+ The Approved Provider confirmed with Consumer A and their representative they were satisfied with care and services delivered.
	+ Education has been provided to all clinical staff around non-pharmacological interventions prior to administering psychotropic medications.
* In relation to Consumer B, the Approved Provider acknowledged the daily charting was not always regular and had not been monitored in line with the diabetes management plan.
	+ The Approved Provider reviewed the BGL charting history for Consumer B and acknowledged there were gaps in recording of Consumer B’s BGL’s.
	+ The Approved Provider confirmed there have not been any gaps since the Assessment Contact visit and all BGL’s have been recorded three times daily.
	+ The Approved Provider confirmed Consumer B’s levels have been within acceptable ranges consistently since the site audit visit.
	+ The Approved Provider confirmed Consumer B and their representative were satisfied with care and services.
* The Approved Provider’s plan for continuous improvement includes actions to address the gaps identified in the Assessment Team’s report, including:
	+ Diabetes management education for clinical staff who had not completed it.
	+ an audit of all diabetic consumer’s care plans to ensure monitoring frequencies are recorded

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant with this Requirement.

In coming to my finding, I have considered that the service does demonstrate the minimisation of chemical restraint. The Assessment Team’s report provided evidence the service has ceased psychotropic medications for one consumer and only five of 67 consumers are subject to chemical restraint. While at the time of the Assessment Contact the Assessment Team’s report provided evidence of two occasions where Consumer A was administered psychotropic medications without consent, the service showed that it has implemented immediate improvements to address any deficits in staff practice and understanding of restrictive practices via education and has reviewed the care plan of Consumer A. I have also considered for Consumer A, the Assessment Team’s report confirmed there is a behaviour support plan in place that identifies non-pharmacological strategies to trial before the administration of medication and that medication has been prescribed as per the directives from the Medical Officer.

In relation to Consumer B, I have considered that the service did not consistently monitor Consumer B’s blood glucose levels in line with their diabetes management directive and on one occasion the levels fell below acceptable parameters. While diabetes management plan directives had not been followed, there was no evidence in the Assessment Team’s report to suggest Consumer B had been impacted by the omission. The Assessment Team’s report and Approved Provider’s response confirms the service referred Consumer B to the Medical Officer post incident. I have also considered that since the Assessment Contact, the Approved Provider has implemented improvements relating to monitoring of Consumer B’s blood glucose levels and made changes to documentation to ensure staff practice is in line with the service’s expectations.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at the Assessment Contact conducted on 19 July 2022.

Requirement (3)(b) was found to be Non-compliant following a Site Audit conducted on 7 to 9 December 2021. It was found the service was unable to demonstrate the service environment was safe, clean, well-maintained and comfortable or enabled consumers to move freely both indoors and outdoors.

The Assessment Team found at the Assessment Contact conducted on 19 July 2022 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate its service environment was safe, clean, well-maintained and comfortable and consumers were able to move freely both indoors and outdoors.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and find the service to be Compliant in Requirement (3)(b) in Standard 5 Organisations service environment. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 7 to 9 December 2021 where it was found the service was unable to demonstrate the service environment was safe, clean, well-maintained and comfortable or enabled consumers to move freely both indoors and outdoors. The Assessment Team found at the Assessment Contact conducted on 19 July 2022 that actions and improvements to rectify these deficiencies have been implemented, including (but not limited to):

* Ensuring the maintenance officer role was transitioned to a full time role.
* The engagement of external contractors to provide gardening services.
* Increasing monitoring and spot checks for the service’s outdoor areas for safety and cleanliness.
* Holding meetings with cleaning staff to set expectations and discuss performance.

The Assessment Team provided the following evidence and information to support my finding:

* All consumers sampled confirmed the service was clean, well-maintained and safe and they were able to move freely indoors and outdoors.
* Consumers, including those with mobility impairments, were seen able to move around the service both indoors and outdoors.
* Cleaning staff were observed repeating cleaning routines throughout the visit.
* Communal areas throughout the service environment were observed to be clean.
* Staff confirmed the process for reporting and addressing any maintenance issues.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at the Assessment Contact conducted on 19 July 2022.

Requirement (3)(a) was found to be Non-compliant following a Site Audit conducted on 7 to 9 December 2021. It was found the service was unable to demonstrate the workforce was planned to enable, and the number and mix of members of the workforce enabled, the delivery and management of safe and quality care and services.

The Assessment Team found at the Assessment Contact conducted on 19 July 2022 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate it had the right number and mix of members of the workforce to deliver safe and quality care and services.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and find Requirement (3)(a) in Standard 7 Human resources to be Compliant. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 7 to 9 December 2021 where it was found the service was unable to demonstrate the workforce was planned to enable, and the number and mix of members of the workforce enabled, the delivery and management of safe and quality care and services, specifically in relation to the provision of staff to meet the needs, goals and preferences of consumers for activities of daily living, managing behaviours of concern and ensuring the service environment was safe, clean and well-maintained. The Assessment Team found at the Assessment Contact conducted on 19 July 2022 that actioned and improvements to rectify these deficiencies have been implemented, including (but not limited to):

* Recruitment of a new lifestyle co-ordinator, full-time maintenance officer and additional lifestyle staff and general service officers who undertake additional cleaning duties.
* An additional two registered nurses have been recruited, commencing in April 2022, and recruitment of nine care staff since December 2021.

The Assessment Team provided the following evidence and information to support my finding:

* Consumers interviewed confirmed there were enough staff to deliver care and services to meet their needs, goals and preferences.
* Staff interviewed confirmed they had enough support to undertake their roles effectively and deliver care and services to consumers.
* Cleaning staff confirmed they had additional support to undertake regular cleaning tasks.
* Documentation confirmed vacant shifts are filled and call bell response times are monitored.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at the Assessment Contact conducted on 19 July 2022.

Requirement (3)(d) was found to be Non-compliant following a Site Audit conducted on 7 to 9 December 2021. It was found the service was unable to demonstrate it had an effective risk management system in relation to managing and preventing incidents, responding to abuse and neglect of consumers and managing high impact or high prevalence risks associated with consumer care.

The Assessment Team found at the Assessment Contact conducted on 19 July 2022 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate it had an effective risk management framework.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and find Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 7 to 9 December 2021 where it was found the service was unable to demonstrate it had an effective risk management system in relation to managing and preventing incidents, responding to abuse and neglect of consumers and managing high impact or high prevalence risks associated with consumer care. The Assessment Team found at the Assessment Contact conducted on 19 July 2022 that actioned and improvements to rectify these deficiencies have been implemented, including (but not limited to):

* Implementation of an electronic care system, including an electronic risk management system for the logging of all incidents.
* Staff training, and education conducted on identification of risks and reporting.
* Clinical review meetings occurring weekly to go through clinical audits, incidents and restrictive practices.
* Staff huddles occurring daily.

The Assessment Team provided the following evidence and information to support my finding:

* The service has an effective incident management system and staff are reporting all incidents as required and analysis undertaken to provide safe and effective care that considers and mitigates risks.
* The serious incident reporting register showed incidents are reported appropriately and within required time frames.
* The service has policies and procedures supported by training of staff around managing high impact and high prevalence risks effectiveness.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.